

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
STANDARD ANNULAR PRESSURE TEST

Operator	<u>Apollo Expl.</u>	State Permit Number	<u>15435</u>
Address		EPA Permit Number	<u>MI-133-2D-0070</u>
		Date of Test	<u>9/17/2013</u>
Well Name & Number	<u>PRITCHARD 2</u>	Well Type	<u>2D</u>

Quarter	Quarter	Quarter	Section	Township	Range	Township Name	County	State
<u>NW</u>	<u>NW</u>	<u>SW</u>	<u>9</u>	<u>18N</u>	<u>7W</u>		<u>OSCEOLA</u>	<u>MI</u>
GPS file number			Latitude		Longitude		Elevation	
			<u>43.96462</u>		<u>85.16659</u>			

Company Representative	<u>Bill Pritchard</u>	Field Inspector	<u>SAM H. WILLIAMS</u>
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GAUGE CERTIFICATION

Type Pressure Gauge WIKA } 4 inch face 1000 psi full scale 5 psi increments
 New Gauge? Yes ☒ No ☐ If no, date of calibration _____ Calibration certification submitted? Yes ☐ No ☒

TEST RESULTS

Time	<u>0</u>	<u>15</u>	<u>30</u>				
Annulus	<u>324</u>	<u>324</u>	<u>325</u>				
Tubing	<u>1/2</u>						

WELL STATUS

5 Year ☒ TD# 13-226
 2 Year TA ☐ TD# _____
 Rework after failure ☐ TD# _____
 New Permit ☐ TD# _____
 Enforcement Action ☐ TD# _____
 Annual Class 1 ☐ TD# _____

WELL CONFIGURATION

Casing Size 7
 Tubing Size 2 7/8
 Packer Type _____
 Packer set @ 3898
 Fluid Return (gal) n/a.

Test Pressures: Max. Allowable Pressure Change: Initial test pressure x .03 9.7 psi
 Test Pressure change +1 psi

Test Passed ☒ Test Failed ☐ : If failed test, well must shut in, no injection can occur, and USEPA must be contacted within 24 hours. Corrective action needs to occur, the well retested, and written authorization received before injection can recommence.

COMMENT:
RECEIVED

OCT 21 2013

Signature of Company Representative	Date
<u>Bill Pritchard</u>	<u>9/17/2013</u>
Signature of UIC Field Inspector	Date
<u>Sam H. Williams</u>	<u>SEPT 17, 2013</u>

APOLLO (9ED) etc
 792 5494